24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayay
Full Name of Payee Moxie Media	Date of Public Distribution/Dissemination
	05 07 2014
Mailing Address PO Box 30084	Amount
City State Zip Code	16541.00
Seattle WA 98113	Transaction ID : SE-6206 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 31
Eloise Gomez Reyes Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	16541.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	16541.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	05 08 2014
Signature	